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1634

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/506,958
Filing Date	2nd May, 2005
First Named Inventor	BRAVEN, Helen
Art Unit	1634
Examiner Name	POHNERT, Steven C.
Total Number of Pages in This Submission	5
Attorney Docket Number	37369-8

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
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	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Bell & Associates		
Signature			
Printed name	Matthew Kaser		
Date	18th October, 2006	Reg. No.	44,817

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Matthew Kaser	Date	18th October, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEET TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$)	0.00
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Complete if Known

Application Number	10/506,958
Filing Date	2nd May, 2005
First Named Inventor	BRAVEN, Helen
Examiner Name	POHNERT, Steven C.
Art Unit	1634
Attorney Docket No.	37369-8

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3194 Deposit Account Name: Bell & Associates

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=				

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone (510) 537-2040
Signature		44,817	
Name (Print/Type)	Matthew Kaser		Date 18th October, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Attorney Docket No.	ATLAS 8095 US
First Named Inventor	BRAVEN, Helen
Application Number	10/506,958
Filing Date	2 nd May 2005
Group Art Unit	1634
Authorized Officer	O'FARRELL, T.J.

I hereby appoint:

Practitioners at Customer Number 000039843

OR

Practitioner(s) named below:

Name	Registration Number
ADAM W. BELL	43,490
MATTHEW R. KASER	44,817

as my/our attorney(s) or agent(s) to prosecute the application identified above, and all related applications (including divisionals, continuations and CIPs) and to transact all business in the United States Patent and Trademark Office connected therewith, and in any PCT or WIPO or European Patent Office or Other Patent Office connected therewith where the practitioner is eligible to practice.

Please change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number

OR

The address associated with Customer Number _____

OR

<input type="checkbox"/> Firm or Individual Name	BELL & ASSOCIATES				
Address	416 FUNSTON AVENUE. Suite 100				
Address					
City	SAN FRANCISCO				
Country	USA	State	CA	ZIP	94118
Telephone	(415) 752-4085	Fax	(415) 276-6040		

I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 C.F.R. 3.71.

Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Helen Braven
Signature	<u>Helen Braven</u>
Date	8/18/06

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of two forms are submitted.

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**POWER OF ATTORNEY and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Attorney Docket No.	ATLAS 8095 US
First Named Inventor	BRAVEN, Helen
Application Number	10/506,958
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Address					
City	SAN FRANCISCO				
Country	USA	State	CA	ZIP	94118
Telephone	(415) 752-4085		Fax	(415) 276-6040	

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Assignee of record of the entire interest. See 37 C.F.R. 3.71.

Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Russell Keay
Signature	
Date	7/7/06

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*Total of two forms are submitted.